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CONFIRMATION NO. 9304

|  |   |  |                               |   |                             |                                |
|--|---|--|-------------------------------|---|-----------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/519,856   | <b>FILING or 371(c) DATE</b><br>12/29/2004<br><b>RULE</b>   | <b>CLASS</b><br>707  | <b>GROUP ART UNIT</b><br>2167 | <b>ATTORNEY DOCKET NO.</b><br>PU020329  |                             |                                |
| <b>APPLICANTS</b><br>David Aaron Crowther, Aloha, OR;<br>Ravindra Kumar Rama Reddy, Beaverton, OR;<br>Andrew Eugene Adkins, Portland, OR;<br>Nanyu Cao, Portland, OR;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/17608 06/04/2003<br>which claims benefit of 60/392,779 07/01/2002 /SB/<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> |   |  |                               |   |                             |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /SHERIEF BADAWI/<br>Acknowledged Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>S.B.<br>Initials | <b>STATE OR COUNTRY</b><br>OR | <b>SHEETS DRAWINGS</b><br>3   | <b>TOTAL CLAIMS</b><br>11 9 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>Robert D. Shedd, Patent Operations<br>THOMSON Licensing LLC<br>P.O. Box 5312<br>Princeton, NJ 08543-5312<br>UNITED STATES  |   |  |                               |   |                             |                                |
| <b>TITLE</b><br>Heterogeneous disk storage management technique  |   |  |                               |   |                             |                                |
| <b>FILING FEE RECEIVED</b><br>600  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                             |                                |